

SAFETY-KLEEN (LONE and GRASSY MOUNTAIN), INC. TYPE: Daily
Grassy Mountain Facility Inspection Record FORM: PC-RD01

Date of Inspection: _____ Time: _____ AM/PM		PAGE <u>1</u> OF <u>1</u>			
SITE MONITORING SYSTEM					
EQUIPMENT / STRUCTURE/ ITEM	INSPECTION ELEMENT	STATUS		IF "NOT OK" STATE REASON	DATE & TIME CORRECTED & INITIALS
		OK	NOT OK		
MONITORING WELLS and PIEZOMETERS OUTSIDE THE SITE SECURITY FENCE:	Check wells for damage to casing and security of the covers.				
	Check for evidence of tampering with the lock or cap.				
	Check for well visibility and accessibility to personnel.				
1	8	P1	P3	P4	P5
P7	P8	P3A,B,C			P6
Inspector's Name: _____ Inspector's Signature: _____					
COMMENTS (IF NEEDED, EXPLAIN THE CORRECTIVE ACTIONS TAKEN):					
<u>IF STATUS NOT OK, MARK THE FOLLOWING</u> ENVIRONMENTAL DEPARTMENT CONTACTED: () YES () NO REMEDIAL WORK ORDER ISSUED: () YES WORK ORDER # _____ () NO					